

OFFICER'S BATTERY REPORT
CHICAGO POLICE DEPARTMENT

RD NO. HY510531

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) VALENTIN, ANTONIO J		<input checked="" type="checkbox"/> 1. INDOOR <input type="checkbox"/> 2. OUTDOOR	
STAR NO. 15362		ADDRESS OF OCCURRENCE 3151 W HARRISON ST	
POSITION POLICE OFFICER		CITY <input checked="" type="checkbox"/> CHICAGO STATE (If outside Chicago)	
DATE OF APPOINTMENT 02-AUG-1999		EMPLOYEE NO. [REDACTED]	
UNIT OF ASSIGNMENT 313		LOCATION CODE 280-POLICE FACILITY/VEH PARKING	
BEAT/CALL NO. 6758B		BEAT OF OCCURRENCE 1134	
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE HISPANIC		DATE OF OCCURRENCE 21-NOV-2015	
DOB [REDACTED]		TIME 22:05:00	
HEIGHT 508		DAY OF WEEK SATURDAY	
WEIGHT 178		NO. OF OFFICERS BATTERED <u>1</u>	
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> 4. UNIFORM, PATROL DUTY <input type="checkbox"/> 5. UNIFORM, OTHER DUTY Describe _____ <input checked="" type="checkbox"/> 6. CITIZEN'S DRESS <input type="checkbox"/> 7. TACTICAL <input type="checkbox"/> 8. B.I.S. UNIT <input type="checkbox"/> 9. SPECIAL EMPLOYMENT <input type="checkbox"/> 10. OTHER _____ <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>2</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input checked="" type="checkbox"/> F. OTHER <u>UNMARKED SQUAD</u>		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____ <input checked="" type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE <u>625 ILCS 5.0/3-708-OPERATE</u> ORIGINAL IUCR CODE <u>INTERFERENCE</u> <u>WTR VEHICLE/REGIS/SUSPENDED/NON-INSURED</u> <u>WITH PUBLIC OFFICER -</u> <u>RESIST/OBSTRUCT/DISARM OFFICER</u> <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM-CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>PUSHED RO WITH BODY</u>	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD		SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE BLACK DOB 26-JUL-1977	
		CB NO. 19226244	
		IR NO.	
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>3</u>	
		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG/SMOKE/HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET/HAIR <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: <u>25°</u>	

LOG# 1078178
Attachment 15

Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).

REPORTING MEMBER - SIGNATURE
VALENTIN, ANTONIO J

STAR NO.
15362

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
HARRIS, DAVID G 727